POSITION	INITIALS	ID NO.	DATE	
FEE DETERMINATION	r ² S	66621	17/10	
O.I.P.E. CLASSIFIER		49	7/3/99	
F RMALITY REVIEW		70608	7-20-99	
-		71476	4/24/09	

INDEX OF CLAIMS

~	Rejected	N	Non-elected
=	Allowed	- 1	Interference
_	(Through numeral) Canceled	Α	Appeal
÷	Restricted	0	Objected

÷								
Ctaim Date	Claim	Date	Claim	Date				
A Conditional Miles	Final Original		Final Ortginal					
3 - 4 - 4	52 53		102	+++++				
5 7 7 7	54 55 56		104 105					
8 3 3 3	57 58		107					
10 10 10 10 10 10 10 10 10 10 10 10 10 1	59 60 61		109					
12	62 63		112					
16 7 7 7	64 65 68		114 115					
18 0 0 0	67		117					
20	70 F		119					
21 22 23	71 72 73		121 122 123					
24 25 25	74 75		124					
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31 32 33	81 82 83		131 132 133					
34 35	84		134					
36	86 87 88		136 137					
39 40	90		139					
41 42 43	91 92 93		141 142 143					
44 45	94 95		144					
46 47	96 97		146					
48 49 50	98 99 100		148 149 150					

If more than 150 claims or 10 actions staple additional sheet here

(LEFT INSIDE)